

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32389**
323
Registrar's No.

FILED OCT 1 - 1953

BIRTH NO. _____		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 2043	State File No. 32389
1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe City		
c. LENGTH OF STAY (in this place) 4 WKS		d. STREET ADDRESS (If rural, give location) 208 COURT		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 8 1953		
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) JANE c. (Last) ELLIOTT		5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		
8. DATE OF BIRTH OCTOBER 14 - 1866		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 10 Days 25 IF UNDER 4 HRS. Hours 1 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY OWN Home		11. BIRTHPLACE (State or foreign country) Rolls County Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JAMES ELLIOTT 13b. MOTHER'S MAIDEN NAME ELIZA KENDRICK 14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME H.E. Kern ADDRESS Monroe City, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infection ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of Left Hip DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 hr 8/13/53
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 069 (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from Aug. 13 , 19 53 , to Sept. 8 , 19 53 , that I last saw the deceased alive on Sept. 8 , 19 53 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) San Canella, M.D.		23b. ADDRESS 0-7-7, Bldg. Hannibal, Mo.		23c. DATE SIGNED 9-11-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-10-1953		24c. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEMETERY
24d. LOCATION (City, town, or county) (State) Monroe City Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Sons ADDRESS Monroe City, Mo.		
DATE REC'D BY LOCAL REG. 9/14/53		REGISTRAR'S SIGNATURE Dr. E. M. Luder 189		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 29 1958

RECEIVED
MARION CO. HEALTH DEPT.
DATE FILED SEP 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3017

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.